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**INTERNAL
COMMUNICATION FORM**

DEPARTMENT OF HUMAN SERVICES

Suspense

7/3/08

Subject: Emergency Evacuation Assistance

Originator:

To: SOs, DAs, BAs, SAs, USs

From: DIR

Date: 6/6/08

Memo No. 1

In conjunction with Administrative Directive No. 95-04, the implementation of emergency evacuation plans must include provisions for employees with special needs. To determine whether DHS employees with special needs require assistance in evacuating their job site, please distribute my letter dated June 6, 2008 and the *Voluntary Request for Emergency Evacuation Assistance* form to each employee. The *Voluntary Request* form is to be completed by the employee, submitted directly to the Personnel Office ("PERS/ERS"), and marked "confidential". The letter and the request form are also to be distributed to any new employees in your unit.

Upon receipt of these forms, the Personnel Office will contact the employee to confirm receipt of the form and follow-up with further questions, as necessary. The purpose of the form is to make programs and emergency evacuation personnel aware of any employees with special needs including and not limited to language interpreter services. How to meet those needs will be determined based on needs after follow-up discussions with the employee, their supervisors, and the respective building emergency evacuation coordinators.

All information submitted will remain confidential and be used only for emergency evacuation purposes. The employee is responsible for providing the Personnel Office with any updated information.

Again, although completion of the *Voluntary Request* form is voluntary, you must still ensure that employees who have special needs and already have their emergency evacuation plan in place and opt not to complete the form must have alternate plans should they not be able to use their primary plan. Ensure also that their plans include notification to you, their supervisor, and/or appropriate personnel who are able to provide pertinent information to building senior occupants and emergency responders.



Director

c: HPHA
CSW

LINDA LINGLE
GOVERNOR



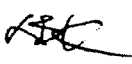
LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

June 6, 2008

To: All Employees

From: Lillian B. Koller, Director 

Subject: **EMERGENCY EVACUATION ASSISTANCE**

In the event of an emergency, the Department of Human Services (DHS) is committed to the safe and efficient evacuation of all persons from State facilities. In an emergency, the path of normal travel for many facilities may not be accessible because elevators are shut down and debris may block hallways. Other problems may exist, including the loss of primary lighting, water damage, and communication disruption. These situations may pose specific difficulties for persons with either temporary or permanent mobility or communication limitations. If the special needs employee is unable to evacuate by using the stairs, the "buddy system" may be used. The "buddy" is an employee who agrees to escort the special needs employee to a pre-identified "safe haven." The "buddy" should then evacuate and immediately report the location of the special needs employee to the floor monitor or the next person in the chain of command. The information should be reported up the chain of command to the senior occupant, who will notify the building manager. The building manager will then inform the fire department of the location of the special needs employee.

If you believe that because of your condition, you may need evacuation assistance in an emergency from your primary work location, please complete the enclosed *Voluntary Request for Emergency Evacuation Assistance* form and submit it to the DHS Personnel Office, Employee Relations and Safety (PERS/ERS) office through interoffice mail marked "confidential" or deliver it to PERS/ERS, 1390 Miller Street, Room 202, Honolulu, Hawaii 96813, **no later than July 3, 2008**. Upon receipt, the Personnel Office will contact you to confirm receipt and follow-up with further questions as necessary. The above also applies to employees in State-leased buildings. The purpose of the form is to make program and emergency evacuation personnel aware of your special needs including and not limited to language interpreter services in the event of emergency evacuation of the building in which you are located. How to meet those needs will be determined based on needs after follow-up discussions with you, your supervisor, the DHS Personnel Office and your building's senior occupant for emergency evacuation. All information submitted will remain confidential and used only for emergency evacuation purposes.

Emergency Evacuation Assistance

June 6, 2008

Page 2

For those of you who have special needs and already have their emergency evacuation plan in place and opt not to complete the *Voluntary Request for Emergency Evacuation Assistance* form, please ensure that you have alternate plans should you not be able to use your primary plan. Ensure also that your plans include notification to your supervisor and/or appropriate personnel who is able to provide pertinent information to building senior occupants and emergency responders.

Even though you may not presently have a need for emergency evacuation assistance, please feel free to request such assistance if your circumstances change. If there are any changes to the information you previously submitted, please complete and submit an updated form to the DHS/PERS/ERS.

Enclosure

State of Hawai'i
Department of Human Services

VOLUNTARY REQUEST FOR EMERGENCY EVACUATION ASSISTANCE

If you have a condition that requires assistance during a building evacuation, please complete this form and return it to the DHS Personnel Office, Employee Relations and Safety (PERS/ERS). If any information on this form changes, please contact PERS/ERS at 586-4980.

Name: _____

I have the following impairment which currently limits my ability to independently evacuate from my primary work location (check all that applies):

- ☐ Visual Impairment ☐ Mobility Impairment, But Able to Walk or Use Stairs
☐ Hearing Impairment ☐ Mobility Impairment, Not Able to Walk or Use Stairs
☐ Other, Please Specify _____

Describe your evacuation limitations and whether you have an emergency evacuation plan already in place (Please be as specific as possible): _____

Identify your personal medical equipment, mobility device, or medicine that must accompany you in an evacuation or which you need for a safe evacuation. Please be as specific as possible and state whether that equipment, device, or medicine is currently in your workplace on a daily basis:

Program/Job Title: _____

Work Phone: _____ Home Phone: _____

Cell Phone or Pager: _____

Building (Name and Address): _____ Floor: _____ Room No.: _____

Supervisor: _____ Work Phone: _____

I hereby give permission to the Department of Human Services to release the information provided above to individuals and agencies that are involved in evacuation planning and execution activities. I further understand that such information will be kept confidential and used only for emergency evacuation purposes.

Signature of Employee

Date

(See reverse for cancellation of Request)

**State of Hawai'i
Department of Human Services**

VOLUNTARY REQUEST FOR EMERGENCY EVACUATION ASSISTANCE

CANCELLATION

To: DHS/Personnel Office

From: _____
(Print Name)

Program/Job Title: _____

Building
(Name/address): _____ Floor: _____ Room No.: _____

My request dated _____ is no longer effective. Please cancel my request.

Signature

Date

**THE AMERICANS WITH
DISABILITIES ACT**

NOTICE

PROHIBITS DISCRIMINATION

The Department of Human Services (DHS) does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. DHS does not discriminate on the basis of disability in its hiring or employment practices.

This notice is provided as required by Title II of the Americans With Disabilities Act (ADA) of 1990.

Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to the DHS Civil Rights Compliance Staff, the Department's ADA Coordinator.

Name:	Geneva Watts
Title:	Civil Rights Compliance Staff
Office Address:	DHS Personnel Office 1390 Miller Street, Room 214 Honolulu, Hawaii 96813
E-mail:	gwatts@dhs.hawaii.gov
Phone Number:	586-4955 (Voice) 586-4959 (TDD)
Days/Hours Available:	Monday thru Friday (except holidays) 7:45 a.m. to 4:30 p.m.

Individuals who need auxiliary aids and/or an interpreter for effective communication in programs and services of the DHS, are invited to make their needs and preferences known to the Civil Rights Compliance Staff.

This notice is available in large print, or audio tape, and in Braille, from the Civil Rights Compliance Office.